



Rogers Fire Department Standard Operating Procedures

Policy Title:	High Performance Cardiac Resuscitation		
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PURPOSE

The purpose of this policy is to provide standard assignments for personnel responding to cardiac arrest events inside the city limits of Rogers.

POLICY

Although ultimate responsibility for on scene assignments rests with the incident commander, the institution of standard cardiac arrest orders will assist with equipment and task responsibilities. The lead paramedic or incident commander may deviate from these standing orders based on the circumstances of the particular emergency. All personnel should understand that it is impossible for these standing cardiac arrest orders to address all the needs and required actions on the incident scene. This document serves as a guideline for anticipated and standard actions that regularly have to be addressed at incidents.

The assignment for an in-city cardiac arrest is one fire company and one paramedic ambulance. This policy is constructed on the assumption that there will be one (1) Paramedic and four (4) EMTs on-scene. This conclusion is reached by counting the minimum number of personnel assigned to Rogers Fire Department apparatus. Each ambulance will have, at a minimum, one (1) Paramedic and one (1) EMT. Each fire company will have three (3) EMTs. It is understood that there is a strong likelihood that additional Paramedics may be present. In these cases the additional paramedic(s) should proceed as described below. The paramedic assigned to the ambulance will herein be referred to as the "lead paramedic" will have responsibility for patient care and ensure compliance with this policy. The lead paramedic will have the flexibility to adjust assignments as necessary.

The primary goal for the first arriving unit is the initiation of high-quality CPR. The first unit to make patient contact must size up the environment and determine if there is sufficient room to effectively conduct EMS operations. If there is not sufficient room, the patient should be moved to a more appropriate location.

Compressions should begin as soon as the patient is determined to be pulseless. Deep and rapid compressions, while allowing for adequate “recoil” of the chest cavity, should not be interrupted during resuscitative care.

Initial Arriving

During the initial phase of the incident, roles will be separated based on who arrives on-scene first. It is imperative that all responders recognize that resuscitative care is a basic life support event. The initial phase is designed to start resuscitation and assemble all necessary equipment near the patient. Because cardiac arrest incidents may be incorrectly classified during dispatch, once it is determined that a workable cardiac arrest is occurring, the first arriving unit should broadcast the following message over the radio:

Command Name or Unit, “workable cardiac arrest”

Example: “Dixieland Command, this is a workable cardiac arrest”

EMS Crew Arrives First	Fire Company Arrives First
<u>Ambulance</u>	<u>Fire Company</u>
<p>PARAMEDIC <u>Task:</u> Monitor – Apply pads, proceed to airway. Transition to Team Leader when replaced by Company Officer.</p> <p>EMT <u>Task:</u> CPR – Begin compressions. Once Autopulse is applied, assume IV/Medication Task.</p> <p><u>Both Bring the following Equipment:</u> ALS bag , Suction, Monitor, Cot w/ O2 cylinder</p>	<p>COMPANY OFFICER <u>Task:</u> Airway</p> <p><u>Equipment:</u> ALS or BLS Bag (as appropriate)</p> <p>DRIVER <u>Task:</u> Monitor/Recorder</p> <p><u>Equipment:</u> AED or Monitor</p> <p>FIREFIGHTER <u>Task:</u> CPR – Begin compressions. Once Autopulse is applied assume the task of Expediter.</p> <p><u>Equipment:</u> Oxygen Bag</p>
<u>Fire Company</u>	<u>Ambulance</u>
<p>COMPANY OFFICER <u>Task:</u> Replace Paramedic on Airway</p> <p><u>Equipment:</u> None</p> <p>DRIVER <u>Task:</u> Monitor/Recorder Task.</p> <p><u>Equipment:</u> None</p> <p>FIREFIGHTER <u>Task:</u> Setup Autopulse and apply during a break in CPR then become the Expediter.</p> <p><u>Equipment:</u> Autopulse</p>	<p>PARAMEDIC <u>Task:</u> Team Leader</p> <p><u>Equipment:</u> Suction and Autopulse</p> <p>EMT <u>Task:</u> Setup Autopulse and apply during a break in CPR. Assume IV/Medication Task.</p> <p><u>Equipment:</u> Cot, Monitor, ALS Bag</p>

Task Descriptions

The application of the Autopulse is the benchmark that completes the initial phase of a cardiac arrest incident and begins the second phase. As indicated above, all personnel should find themselves assigned to the following stations:

Team Leader	Paramedic from Ambulance
Airway	Company Officer from the Fire Company
Monitor/Recorder	Driver from the Fire Company
IV/Medications	EMT from Ambulance
Expediter	Firefighter from the Fire Company

Each one of these stations will have specific tasks to accomplish. In many cases the EMT will be responsible for setting up each station and the Team Leader (potentially the only paramedic on the scene) will have to finish the necessary skill. In order to facilitate this, every member of the team will have a list of tasks to be completed. These are listed below by station.

<u>Position</u>	<u>Description of skills to be accomplished</u>
<u>Team Leader</u> Location: Variable	Patient Care: Shall be responsible for directing the Care Team during the resuscitation incident. The Team Leader will have the authority to alter these standing orders as necessary including the reassignment of personnel to roles he/she may be better suited. i.e. assigning a Paramedic to a station to replace an EMT. If the Team Leader is the only Paramedic on the scene he will be responsible for performing every ALS procedure.
<u>Airway</u> Location: Off the Left or Right shoulder; opposite the Monitor/Recorder	Provide Ventilations for high performance CPR. Set up for Intubation <ul style="list-style-type: none"> • Open and inflate cuff on specified ETT • Pull out one larger and smaller ETT • Open Endo Lock and place near head • Verify operation of laryngoscope with specified blade (Light, Bright, Tight) • Verify capnography laid out by the head by Monitor/Recorder • Boogie placed by R.S. of patient • Res Q Pod placed by L.S of patient

<p><u>Monitor/Recorder</u></p> <p>Location: Off the Left or Right shoulder; opposite the Airway</p>	<p>Monitor: Adjust setting as instructed by Team Leader; official timekeeper – be sure and clearly communicate benchmarks for CPR.</p> <p>Recorder: Utilize monitor time stamps or the check sheet included with the monitors.</p> <p>Times for the following items should be noted for every cardiac arrest incident.</p> <ul style="list-style-type: none"> • Medication administration • Intubation attempts • Shock delivered • CPR Start and stop points • Vitals obtained • Joule setting <p>Lay capnography by the patient's head.</p>
<p><u>IV/Medications</u></p> <p>Location: Left or Right mid-patient</p>	<p>Medications: Draw up meds as instructed by Team Leader</p> <p>I.V.: Set up I.V.</p> <ul style="list-style-type: none"> • Spike bag and add extension set • Flush all air out of I.V. line • Prep I.V. site (if known) • Apply Tourniquet
<p><u>Expediter</u></p> <p>Location: Out of the immediate area</p>	<p>Assist as needed in this priority (unless instructed by Team Leader):</p> <ol style="list-style-type: none"> 1. Autopulse 2. I.V. Station 3. Airway Station 4. Prepare to move patient (Organize cables, pickup trash, organize tools and equipment, etc.)